THE THREAT

CRITICAL ISSUES FOR THE HEALTHCARE INDUSTRY

ASSUMPTIONS

- “When it happens I will know what to do!”
- Someone is in command.
- Response is coordinated.
- There will be an orderly handling of patients.
- All resources/supplies are available.
- All medical problems will be traumatic in nature.

THE REALITY

- You have not been trained to deal with the situation at hand.
- No command structure.
- Response is uncoordinated (Information is sketchy at best).
- Triage/patient treatment is chaotic.
- Resources/supplies are limited.
- Medical problems are numerous.

ASSUMPTION 1

"WHEN IT HAPPENS I
WILL KNOW WHAT
TO DO!"

REALITY

YOU HAVE NOT
BEEN TRAINED TO
DEAL WITH THE
SITUATION AT
HAND!

ASSUMPTION 2

SOMEONE IS IN COMMAND!

REALITY

NO COMMAND STRUCTURE!

PLAN FOR COMMAND POST

- LOCATION
- LOCATION
- LOCATION

DO YOU HAVE A BACKUP
READY FOR OCCUPANCY?
(IMMEDIATE)

ASSUMPTION 3

RESPONSE IS COORDINATED

REALITY

RESPONSE IS UNCOORDINATED
(INFORMATION IS SKETCHY AT BEST)

ATYPICAL RESPONSE

DISPATCH IS CHAOTIC

- SCANNERS
- LIVE MEDIA BROADCASTS
- INITIAL REPORTS UNCONFIRMED
- CELLPHONES
- JAMMED/DOWNED PHONE LINES
- INCOMPATIBLE/JAMMED RADIO FREQUENCIES
- WHO IS IN CHARGE?

INFORMATION AGE HAS CREATED

- “TOO MUCH HELP”
- UNSOLICITED VOLUNTEERS (“I’M HERE TO HELP”)
- LACK OF ACCURATE INFORMATION ON WHO HAS AND IS RESPONDING
- INABILITY TO INTEGRATE/CONTROL AND DIRECT RESPONSE

ASSUMPTION 4

THERE WILL BE AN
ORDERLY HANDLING OF
PATIENTS

REALITY

TRIAGE/PATIENT
TREAMTMENT WILL
BE CHAOTIC

THE DANGERS

- MOST PATIENTS ARE NOT TRIAGED
- MOST INITIAL SEARCH AND RESCUE PERFORMED BY BYSTANDERS
- MOST INITIAL CARE FROM BYSTANDERS
- MOST TRANSPORT BY POV
- MOST INJURED GO TO NEAREST HOSPITAL OR MEDICAL FACILITY

FIRST RECEIVERS?

"HOSPITALS DO NOT RESPOND TO THE SCENE, THE SCENE RESPONDS TO THE HOSPITAL"

Paul D. Kim, MD

ASSUMPTION 5

ALL RESOURCES AND
SUPPLIES ARE
AVAILABLE.

REALITY

RESOURCES AND
SUPPLIES ARE LIMITED!

NOT AVAILABLE

CONTRACTING
ONE SUPPLIER
2 DAY SUPPLY
LIMITED SPACE
DOWNSIZING OF DEPARTMENTS
COMPUTERIZED DELIVERY SYSTEMS

IS JUST IN TIME, JUST ENOUGH?

ASSUMPTION 6

ALL MEDICAL
PROBLEMS WILL
BE TRAUMATIC.

REALITY

NON-TRAUMATIC
MEDICAL CASES
WILL BE NUMEROUS!

KEY POINT

THERE IS A DISTINCT DIFFERENCE BETWEEN:

A TACTICAL & A MEDICAL DECISION

TACTICAL DECISION

A TACTICAL DECISION IS RENDERED BASED ON:

- INTEL BEFORE THE EVENT AND AT THE SCENE
- SCENE SAFETY
- CURRENT THREATS/HAZARDS
- RESOURCES AT THE SCENE
- EMERGING THREATS/HAZARDS
- MISSION OBJECTIVE
- PRESERVATION OF LIFE AND LIMB

MEDICAL DECISION

A MEDICAL DECISION IS RENDERED BASED ON:

- SYMPTOMS
- DIFFERENTIAL DIAGNOSIS
- PRESERVATION OF LIFE AND LIMB

WHAT IS NEEDED?

COMBINE TACTICAL AND MEDICAL DECISION MAKING

THE ULTIMATE GOAL

ENSURING THAT THE PEOPLE WE DEPEND ON TO ***“GET US BETTER”*** DO NOT BECOME THE VICTIMS!

SUMMARY

- Planning for multi-event emergencies e.g. large patient influx and utility disruption. (NY Hosp. 350 pts. No communication, St. Vincent pressure dropped from 130 psi to 10 from firefighting efforts).
- Planning for large influx of family and friends
- Better more comprehensive HEICS training.
- Communication was down and sporadic.
- Increased security needs and no plans/screening
- Access to hospital was cutoff (supplies, staff and discharges) due to closed roads.

SUMMARY Cont.

- Trauma designations and triage was immaterial (all types arrived regardless of hospital's capabilities).
- Unsolicited donations was a logistical nightmare.
- Hospital Medical Staff and personnel freelancing at the scene created numerous safety concerns.
- Volunteer medical personnel showing up from all over. (St. Vincent's had over 800 physicians show up, immediate need was for ophthalmologists). Hospital was reluctant to use unfamiliar people.
- Disaster Exercises in the past helped but, "we thought we would never need it".

SUMMARY Cont.

- Transferring of patients to other hospitals was a problem due to the lack of a system in place to handle large numbers.
- Media management and access to hospital.
- Risk Assessments/capabilities for chemical and biological events were lacking.
- Comprehensive training in WMD victims is needed.
- Due to congested city environment operations could not be expanded.
- Concerns over who was paying!

SUMMARY Cont.

- Many people presenting to ED and calling “I’m exposed to Anthrax”, created panic, anger, fear, misinformation in addition to time consuming histories.
- NO debriefing or family counseling available.
- NO family assistance services were setup to handle the influx of people.
- LARGER DECONTAMINATION FACILITIES AND TRAINED STAFF!
- No organized dialogue between hospitals and public health.

"IF YOU CANNOT IMAGINE IT HAPPENING"

- YOU CANNOT PREPARE
- YOU CANNOT PREDICT
- YOU CANNOT PREVENT

  AND YOU CERTAINLY
- CANNOT RESPOND

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